



Please fill out the Balance Transfer Form and mail to the address below for fax it to **703.730.1410**.

Fort Belvoir Federal Credit Union
Attn: Visa Balance Transfer
14040 Central Loop
Woodbridge, VA 22193

By signing below, I authorize you to bill my approved Fort Belvoir Federal Credit Union credit card account as a cash advance in the amount(s) listed below. I understand that you will advise me when payment was mailed or if you are unable to process my payment request for any reason. In addition, Fort Belvoir Federal Credit Union will not be responsible for any changes billed to me for the account(s) indicated below. **Please read the VISA Rate Disclosure and VISA Credit Card Agreement before proceeding.**

Card Issuer

Payment Address

Specific Amount to Pay **Account Number**

Name on Account

Card Issuer

Payment Address

Specific Amount to Pay **Account Number**

Name on Account

Card Issuer

Payment Address

Specific Amount to Pay **Account Number**

Name on Account

Print Name **Signature**

Date **Daytime Phone Number**

FTBFCU Account Number **Social Security Number**